

IN THE CIRCUIT COURT FOR MONTGOMERY COUNTY, MARYLAND

In the Matter of:

Family Law No.

Civil No.

INVENTORY AND INFORMATION REPORT

PART I. INVENTORY

The fiduciary estate as of the date of my appointment, _____, 200_, consists of the following assets (attach additional sheets, if necessary; each item listed shall be valued by the fiduciary at its fair market value, as of the date of appointment of the fiduciary or the assumption of jurisdiction by the Court; unless the Court otherwise directs, it shall not be necessary to employ an appraiser to make any valuation; state amount of any mortgages, liens, or other indebtedness, but do not deduct when determining estimated fair market value)

A. REAL ESTATE

(State location, liber/folio, balance of mortgage, and name of lender, if any)

ESTIMATED FAIR
MARKET VALUE

<hr/>	\$ <hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
TOTAL	\$ <hr/> <hr/>

B. CASH AND CASH EQUIVALENTS

(State name of financial institution, account number, and type of account)

PRESENT FAIR
MARKET VALUE

<hr/>	\$ <hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
TOTAL	\$ <hr/> <hr/>

C. PERSONAL PROPERTY

(Itemize motor vehicles, regardless of value; describe all other property generally, if total value is under \$1,500; state amount of any lien; itemize, if total value is over \$1,500)

ESTIMATED FAIR
MARKET VALUE

_____	\$ _____
_____	_____
_____	_____
_____	_____
TOTAL	\$ <u>_____</u>

D. STOCKS

(State number and class of shares, name of corporation)

PRESENT FAIR
MARKET VALUE

_____	\$ _____
_____	_____
_____	_____
_____	_____
TOTAL	\$ <u>_____</u>

E. BONDS

(State face value, name of issuer, interest rate, maturity date)

PRESENT FAIR
MARKET VALUE

_____	\$ _____
_____	_____
_____	_____
_____	_____
TOTAL	\$ <u>_____</u>

F. OTHER

(Describe generally, e.g., debts owed to estate, partnerships, cash value of life insurance policies, etc.)

ESTIMATED FAIR
MARKET VALUE

_____	\$ _____
_____	_____
_____	_____
_____	_____
TOTAL	\$ <u>_____</u>

G. MONTHLY BENEFITS AND OTHER RECEIPTS

(State source of funds received such as Social Security, pensions, annuities, rental income, etc.)

AMOUNT RECEIVED
PER MONTH

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

PART II. INFORMATION REPORT

(1) Are there any assets in which the minor or disabled person holds a present interest of any kind together with another person in any real or personal property, including accounts in a credit union, bank, or other financial institution?

☐ No ☐ Yes If yes, give the following information as to all such property:

Name, Address, and Relationship of Co-Owner	Nature of Property	Description of Interest	Total Value of Property
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(2) Does the minor or disabled person hold an interest less than absolute in any other property which has not been disclosed in question (1) and has not been included in the Inventory (e.g., interest in a trust, a term for years, a life estate)?

☐ No ☐ Yes If yes, give the following information as to each such interest:

Description of Interest and Amount or Value	Date and Type of Instrument Establishing Interest
_____	_____
_____	_____
_____	_____
_____	_____

VERIFICATION: I solemnly affirm under the penalties of perjury that the contents of this Inventory and Information Report are true and complete to the best of my knowledge, information and belief.

Signature of Fiduciary

Signature of Fiduciary

Name of Fiduciary's Attorney

Address

Address

Address

City, State and Zip Code

City, State and Zip Code

City, State and Zip Code

Telephone Number (Daytime)

Telephone Number (Daytime)

Telephone Number (Daytime)

Telephone Number (Home)

Telephone Number (Home)

Date

Date